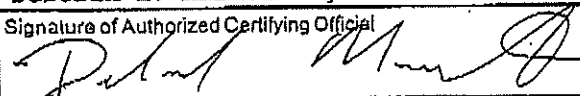


FILE COPY

FINANCIAL STATUS REPORT

(Short Form)

(Follow Instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration (Election Admin. Commission)		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 39.011, Election Reform Payment		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Vermont - Office of the Secretary of State 26 Terrace Street, Drawer 09 Montpelier, VT 05609					
4. Employer Identification Number 036000264	5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 04/15/03		To: (Month, Day, Year) Open		9. Period Covered by this Report From: (Month, Day, Year) 04/15/03 To: (Month, Day, Year) 12/31/03	
10. Transactions		I Previously Reported	II This Period	III Cumulative	
a. Total outlays			11,841.44	11,841.44	
b. Recipient share of outlays			0	0	
c. Federal share of outlays			11,841.44	11,841.44	
d. Total unliquidated obligations				0	
e. Recipient share of unliquidated obligations				0	
f. Federal share of unliquidated obligations				0	
g. Total Federal share (Sum of lines c and f)			11,841.44	11,841.44	
h. Total Federal funds authorized for this funding period			5,000,000.00	5,000,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)			4,988,158.56	4,988,158.56	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Deborah L. Markowitz, Vermont Secretary of State			Telephone (Area code, number and extension) (802) 828-2148		
Signature of Authorized Certifying Official 			Date Report Submitted 01/20/04		